**Information clause about personal data protection – attachment to Application Form 4**

**1. Personal Data Administrator**

The administrator of your personal data is the University of Silesia in Katowice. You can contact the administrator by:

1. post – address: ul. Bankowa 12, 40-007 Katowice.
2. e-mail: administrator.danych@us.edu.pl

**2. Data Protection Officer**

You may contact the Data Protection Officer in all matters related to personal data processing and data processing rights by:

1. post – address: ul. Bankowa 12, 40-007 Katowice
2. e-mail: iod@us.edu.pl

**3. Purposes of processing and the legal basis for processing**

The legal basis for the processing of your personal data is based on art. 6 par. 1 let. a and the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data and repealing Directive 95/46 / EC (general regulation on data protection):

1. Your consent to provide personal data in order to grant the room and accommodation in the University’s dormitory,
2. fulfilling the legal obligation imposed on the administrator for financial settlements.

*Providing personal data is voluntary, but necessary for granting the room and accommodation in the University’s dormitory and related financial settlements. If you do not provide data, it will not be possible to complete the above-mentioned purpose.*

**4. The period of storage of personal data**

We will store your personal data for until the expiration of possible civil law claims related to granting the room, and for archival purposes for a period of 50 years.

**5. Recipients of data**

Your data may be transferred to entities processing it at our request and to public authorities or entities entitled to obtain data on the basis of applicable law.

**6. Rights related to the processing of personal data and automated decision making**

You have the following rights related to the processing of personal data:

1. the right to withdraw the consent to personal data processing at any time without affecting the legality of the processing which was carried out on the basis of your consent before its withdrawal. Withdrawing consent to the processing of personal data is tantamount to the withdrawal of the application for the granting the room
2. right to access your personal data,
3. the right to request the correction of your incorrect personal data and to supplement incomplete personal data,
4. the right to request your personal data to be removed, in particular in case of withdrawal of consent for data processing, if there is no other legal basis for processing,
5. the right to request the processing of your personal data to be limited,
6. the right to object to the processing of your data, due to your special situation, in case where we are processing the data on the basis of our legally justified interest or for the purposes of direct marketing,
7. the right to transfer your personal data, i.e. the right to receive your personal data from us, in a structured, universally used machine-readable information format. You may send this data to another data administrator or request that we send your data to another administrator – if such transfer is technically possible. The right to transfer personal data concerns only the data which we process on the basis of an agreement concluded with you or on the basis of your consent,
8. the right not to be subject to solely automated decision-making – including profiling,
9. the right to file a complaint to the supervisory body dealing with the protection of personal data, i.e. the President of the Office for the Protection of Personal Data.

Place, date: …………..………… I took note of the above:………………..

(legible student’s signature)

I consent to the processing of my personal data by the Administrator, ie the University of Silesia in Katowice, in order to grant room and accommodation in the University’s dormitory, in accordance with the Regulation of the European Parliament and the Council of Europe 2016/679 of 27 April 2016 (general regulation on protection data).

 ***Date and legible student’s signature***

 ***……………………………………***

**S t a t e m e n t**

**\_\_\_\_\_\_\_\_**

I hereby declare that in the case of obtaining a place in a dormitory, I undertake to strictly follow the safety and personal hygiene rules implemented by the Chief Sanitary Inspector, in particular: disinfect my hands before entering premises, observe the social distancing rules, avoid gatherings, cover my mouth and nose (using mask, visor, etc.), immediately inform the dormitory administration about any disease symptoms indicating COVID-19 or suspected disease due to contact with an infected person. Gross or persistent negligence in complying with the obligations referred to above will result in implications, including being expelled from the dormitory.

I also declare that I am aware of any risks and implications of living in a dormitory during the pandemic.

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 Date and student’s signature

**Please fill in the first page only**

Faculty .......................................................... Programme ...................................................................

Citizenship .................................................... Year of studies..............................................................

Last year I resided in Dormitory DS ............ Student number……………………………………….

#### A P P L I C A T I O N No. 4

#### for assigning a place in a double room with additional fee for the second place

**IN DORMITORY** no. ......... or (optionally) in Dormitory ........ in ....................... from (date) ..................

**Name and surname** ............................................................................................................................................

**Residence address, e-mail/phone number** ………………...............................................................................

..............................................................................................................................................................................

*(please write your name, surname and address in block letters)*

***Conditions of arrival to the Faculty:***

|  |  |  |  |
| --- | --- | --- | --- |
| **Time of travel** | **From city to city** | **Means of transport** | **Distance (km.)** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| **Razem:**  |  **X** | **X** |  |

**S T A T E M E N T**

I declare that all the information above is true and correct, I have read the Regulations concerning place assignment and residence in student dormitories of the University of Silesia in Katowice, I have not lost residence right in the US dormitory before and I was not banned from US dormitories.\*

\* *Instruction: providing false data is subject to criminal liability in accordance with Art. 233 of the Act of 6 June 1997 Criminal Code of Republic of Poland (Journal of Laws of 2016, item 1137, as amended) as well as disciplinary liability as defined in the Act of 27 July 2005 Law on Higher Education (Journal of Laws from 2016, item 1842, as amended).*

......................................................

*date, signature*

*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\**

*date, signature*

 ......................................................................................................................

 *date of submission, signature and stamp of the Dean’s Office employee*

***\*applies also to persons mentioned in §7 sec. 6 of the Regulations concerning place assignment and residence in student dormitories of the University of Silesia in Katowice***

**ADNOTACJE DZIEKANATU O STATUSIE STUDENTA/DOKTORANTA**

W dniu składania wniosku jest *(właściwe podkreślić)*

* studentem …….. roku stacjonarnych/niestacjonarnych studiów - I stopnia - II stopnia,
* studentem ………roku stacjonarnych/niestacjonarnych jednolitych studiów magisterskich,
* doktorantem ……. roku (studia stacjonarne/niestacjonarne)

###### DODATKOWE INFORMACJE:

Pobiera/nie pobiera stypendium ……………………….… w wysokości ………………..

przyznane na okres od………………………...do …………………………..

Inne informacje o statusie studenta (opcjonalnie) ……………………………………………………………...

………………………………………………………………………………………………………………….....................................................................................................................................................

  *...........................................................................................*

 *data, podpis i imienna pieczątka pracownika dziekanatu*

|  |
| --- |
| **Opcjonalnie opinia: Rady Mieszkańców/Rady Osiedla lub Wydziałowej Rady Samorządu Studenckiego /Uczelnianej Rady Samorządu Studenckiego, Doktoranckiego:** *podpisy uprawnionych członków rady : ..........................................................................................................................*  |

|  |  |
| --- | --- |
| DECYZJA DZIEKANA  | *data, podpis, pieczątka Dziekana* |
| 1. Przyznaję miejsce w DS Nr……
 |  |
| 1. Nie przyznaję miejsca w DS Nr ……

**UZASADNIENIE DECYZJI:** |  |

**OPINIA DZIEKANA *(opcjonalnie) dla studentów ubiegających się o miejsca będące w dyspozycji Rektora***

|  |  |
| --- | --- |
| DECYZJA REKTORA | *data, podpis, pieczątka Rektora* |
| 1. Przyznaję miejsce w DS Nr ……
 |  |
| 2. Nie przyznaję miejsca w DS Nr ……**UZASADNIENIE DECYZJI:** |  |